

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cohen for Congress

Full Name (Last, First, Middle Initial)

**A. Amy Goldman Fowler**

Mailing Address 164 Mt. View Rd

City	State	Zip Code
Rhinebeck	NY	12572

Purpose of Disbursement  
Refund of 2012 donation requested by Contributor

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 07 / 2013

Amount of Each Disbursement this Period

\$ 2500.00
------------

Transaction ID : D442745

**B. Amy Goldman Fowler**

Mailing Address 164 Mt. View Rd

City	State	Zip Code
Rhinebeck	NY	12572

Purpose of Disbursement  
Refund of 2012 donation requested by Contributor

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 07 / 2013

Amount of Each Disbursement this Period

\$ 2500.00
------------

Transaction ID : D442620

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

\$
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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00

5000.00